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Title

A Qualitative Examination of Engagement with Support Services by Victims of Violent Crime

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Abstract

Research suggests that victim engagement with support services is generally low, and that many individuals are at risk of trauma symptomology and associated negative psychological outcomes as a result. The existing literature examining barriers to engagement with victim services is relatively small and largely quantitative, and a detailed qualitative examination of decisions to engage with victim services has yet to be undertaken. To address this gap in the literature, the current study examined provision of information and referral processes by the police, initial and follow up contact with support services, and perceived barriers to engagement. Victim evaluations of accessed services were also examined. 17 semi-structured interviews were conducted with the victims of violent criminal victimisation during a 6 month period in a Police Force in England and Wales. Participants who engaged with victim services reported experiencing significant benefits as a result of the support they received. However, there was a generally low level of engagement with Victim Support and other services in the sample. A number of different factors associated with lack of engagement were identified by the analysis, consistent with previous research. The paper ends by considering the implications of the study for developing more effective strategies for increasing victim engagement in ways consistent with current local, national and European policy.

Public policy in the United Kingdom has recently placed greater emphasis on the importance of the needs of victims and a focus on increasing their engagement with the Criminal Justice System (CJS) and support services (Burrows, 2014; Ministry of Justice, 2015). This is a timely change in focus given that the Crime Survey for England and Wales (CSEW) recorded 1.9 million violent incidents in 2012/13 (Office for National Statistics, 2014). These figures suggest that there are a significant number of victims of violent crime each year who, as a result of their experiences, are at risk of developing trauma symptoms (e.g., avoidance behaviours, negative moods) which can subsequently lead to substance use problems, poor emotional regulation, and increased risk of psychiatric disorders (Davidson, Devaney and Spratt, 2010; Stimmel, Cruise, Ford and Weiss, 2014; Walsh, Danielson, McCauley, Saunders, Kipatrnick and Resnick, 2012). These victimisation impacts are not limited to the specific time at which the crime occurs, but can also have long term consequences for psychological and physical health (Halligan, Michael, Clark and Ehlers, 2003).

These complex and potentially long term impacts of victimisation indicate the need to ensure the availability and access to appropriate support services for individuals in such situations to help them cope with their experiences (Mayhew and Reilly, 2008; Ringham and Salisbury, 2004). This is reflected in current policy and policing procedures in England and Wales which refer the victims of violent crime who access police services to Victim Support in order to receive appropriate emotional and practical assistance (Freeman, 2013; Lowe et al., 2015; Ministry of Justice, 2015). This is part of the UK government's commitment to a victim-focused approach to criminal justice as specified by the Code of Practice for Victims of Crime (Ministry of Justice, 2015). This provides the service and support standards which victims of crime can expect from the police, support organisations

and the wider criminal justice system. It is also consistent with European level policy and requirements for Member States to implement the similar service provision and standards (European Union Directive 2012/29/EU, 2012; Laxminarayan, 2015).

Victim Support is one of the largest providers of services to victims of crime, their families and witnesses in England and Wales (Lowe et al., 2015; Simmonds, 2013). It started as a voluntary organisation which mainly supported victims of burglary, and developed over the years to cover a wide variety of crimes including domestic and violent crime (Maguire and Kynch, 2000). It is now a large independent charity which was until 2014 funded largely through an annual grant from the Ministry of Justice (Freeman, 2013). However, recent changes in government policy and the devolution of funding for victim services to local Police and Crime Commissioners (PCCs)¹ means that Victim Support may no longer necessarily be the main provider of services at the local level (Ministry of Justice, 2013; Simmonds, 2013).

The organisation provides a variety of information, advice and support services using face-to-face, online and telephone delivery channels. This includes emotional support, advice on personal safety and compensation, support throughout the Criminal Justice process, and links to other sources of help and support (Freeman, 2013; Lowe et al., 2015). It also operates services dedicated to specific categories of victimisation (e.g., domestic violence,

¹ PCCs are elected by the public in order to represent the local community and ensure that their needs are effectively addressed by the local police force in order to reduce levels of crime (Cabinet Office, 2015). They work in partnership with the police, as well as local and national organisations to ensure that there is a consistent and coherent approach to preventing and responding to crime and victimisation.

hate crime), and has established collaborative partnerships with children and women's support organisations, as well as the police and local authorities (Lowe et al., 2015; Spalek, 2005).

Current referral procedures require the police to automatically provide victim contact details to Victim Support within two days of their reporting of a crime unless they specifically request otherwise (Ministry of Justice, 2015). In cases of domestic violence and sexual assault, the police must obtain specific consent before contacting Victim Support (Code of Practice for Victims of Crime, 2013). Victims can also self-refer to the organisation, and are not required to report their victimisation to the police (Lowe et al., 2015; Victim Support, 2013). In 2013, Victim Support offered support to over one million victims and gave support to more than 198,000 people giving evidence in court, aided by approximately 1,400 staff and 4,300 volunteer workers (Lowe et al., 2015).

Victims of violent crime may also self-refer or be referred by the police or Victim Support to other specialist support organisations which relate to specific types of victimisation (e.g., domestic violence). These may be local support services and / or charities which are funded through the PPC or by public donation. Such organisations are typically staffed by a combination of paid employees and volunteers, and also offer emotional and practical support to victims throughout their engagement with the criminal justice process.

Research suggests that receiving assistance from Victim Support and other services can increase levels of confidence and perceived effectiveness of the criminal justice process, as well as providing victims with a voice and the perception of having their experiences taken seriously (Bradford, 2011; Laxminarayan, 2015). This associated enhancement of

victim trust in the procedural fairness of the criminal justice system represents a secondary benefit of engagement with support services in addition to receiving assistance in coping with the psychological impacts of victimisation (Freeman, 2013; Laxminarayan, 2015).

Despite the provision and utility of these referral procedures in supporting individuals in coping with the psychological, physical and social impacts of victimisation, research suggests that levels of engagement are relatively low in many countries (Mayhew and Reilly, 2008; McCart, Smith and Sawyer, 2010; Sims, Yost and Abbott, 2005; Zaykowski, 2014). For example, Sims et al. (2005) found that only 3% of the 654 victims in their American sample had used formal support facilities. A more recent US study found that 10% of victims had utilised these services (Zaykowski, 2014). Wohlfarth, Winkel and Van den Brink (2002) found that 60% of those suffering from symptoms of PTSD in a Dutch sample had not accessed victim support services 3 months after reporting their experience to the police. A more recent UK study found that only 23.5% of victims of violent crime responded to initial contact from Victim Support (Lowe et al., 2015). These relatively low levels of victim uptake of services indicate the need to identify potential barriers to engagement (Freeman, 2013; Fohring, 2015). Previous research has identified a number of situational and psychological factors influencing victim decisions to access support services (Bricknell, Boxall and Andrevski, 2014).

Situational factors include lack of awareness of availability and how to access related services, lack of convenient geographical access, and anticipated waiting times (Bricknell et al., 2014; Jaycox, Marshall and Schell, 2004). This may also be related to evidence that the timing of contact with services is another factor influencing victim engagement, with effective points identified as directly after the incident, as well as before and during court

attendance (Bricknell et al., 2014).

These barriers to engagement are related to provision and the efficacy of the communication of information about services to victims and the public more generally by the police, practitioners and policy makers. Research in the UK suggests that there is a generally high level of awareness of Victim Support and the services they provide among victims of crime and the general public (84% and 81% respectively) (Freeman, 2013). This suggests that service provision and awareness may not be a significant barrier to engagement for many victims of crime in the UK as the result of the organisation's status as a publicly funded charity, associated publicity and the previously described referral processes. In other countries (e.g., the USA) where support services are not by default available to all victims of crime, and access is dependent on meeting specific criteria for referral (Zaykowski, 2014), situational barriers may have a greater impact.

However, research also suggests that even when victims have the necessary awareness and information to access services, victim rates of engagement rates are still relatively low (Bricknell et al., 2014; Lowe et al., 2015). This has been explained in relation to *psychological factors* influencing decisions to engage with services. For example, victim fear of retaliation from the offender or their family and friends (Lowe et al., 2015).

The experience of embarrassment, shame, self-blame or fear of being judged have been found to influence the likelihood of victim reporting to the police, and is also likely to apply to engagement with support services (Lowe et al., 2015; Sims et al., 2005). This may be particularly relevant for victims of crimes which are known to elicit high levels of victim-blame (e.g., sexual assault against heterosexual and LGBT victims, domestic

violence) (e.g., Davies and Rogers, 2006; Davies and Hudson, 2011). Victim concerns about, and experiences of, perceived judgements or blame by others can lead to the experience of secondary victimisation which can further reinforce associated trauma symptomology (e.g., Walker, Archer and Davies, 2005; Lowe et al., 2015). This represents an additional barrier to engagement with support services as victims may be anxious about how they might be perceived or judged by practitioners (Lowe et al., 2015). This is consistent with a recent study of victims of LGBT hate crime which found that these concerns were a barrier to police reporting and service engagement (Guasp, Gammon and Ellison, 2013).

The symptoms of the trauma resulting from victimisation may also create barriers to engagement with victim support services. The related experience and intensity of negative emotional distress, as well as the coping strategies used by victims, have been identified as predictors of police reporting (Posick, 2014). For example, research suggests that avoidant coping (e.g., social withdrawal) is associated with reduced probability of reporting, whereas hyperarousal symptoms (e.g., vigilance, anxiety) increases its likelihood (Iverson, Litwack, Pineles, Suvak, Vaughn, and Resick, 2013; Walsh and Bruce, 2014). This is also likely to influence engagement with support services, and a related study found that victims with severe hyperarousal symptoms were more likely to access services than those with higher levels of avoidance symptoms (Alvidrez et al., 2008). This factor has yet to receive significant empirical attention, but highlights the need to develop further understanding of the influence of trauma symptoms on help-seeking behaviours and service use.

There is also evidence that some victims do not engage with support services as they do

not feel that they would be able to help or perceive that they have the ability to cope alone (Bricknell et al., 2014; Jaycox et al., 2004; Sims et al., 2005). This is consistent with evidence from the Crime Survey for England and Wales for 2008/09 which found that only 19% of victims reported wanting some form of support from police and other services (Freeman, 2013; Walker, Flatley, Kershaw and Moon, 2009).

This may also be related to victim ability to utilise existing social support networks (e.g., friends, family) to help them cope with their experiences in both psychological and practical terms (Lowe et al., 2015; Sims et al., 2005). Given the important role of social support in recovery following victimisation in mitigating distress, enhancing coping, and reducing the likelihood of experiencing trauma symptoms (Evans, Steel, Watkins and DiLillo, 2014; Zoellner and Feeny, 2013), the availability of informal resources may negate the need to engage with victim services. However, for those who cannot obtain emotional support in their everyday lives, victim services can fulfil an important function in assisting victims to cope with the negative psychological impacts of victimisation.

Engagement with victim services is also likely to be influenced by crime type, and whether victimisation is a single incident or part of an ongoing pattern of repeat victimisation. For example, a random physical assault in a public place may have differential psychological impacts and perceived need to access support services compared to a pattern of revictimisation through domestic violence. Research suggests that specific categories of crime are associated with high levels of revictimisation (Farrell, Phillips and Pease, 1995; Lowe et al., 2015). The Crime Survey for England and Wales for 2010/11 found that revictimisation was common, with 44% of victims of domestic violence having been victimised more than once in the previous year (Clarke, 2011). The more recent 2012/13

Crime Survey for England and Wales indicated an increase in revictimisation to 55% for this category of crime (Lowe et al., 2015; Office for National Statistics, 2014). This is of concern as revictimisation is frequently undetected and unsupported by victim support services, whilst increasing the risk of the experience of complex and long-term trauma symptomology (Lowe et al., 2015; Winkel, Blaauw, Sheridan and Baldry, 2003). The significant additional economic and resourcing costs to the police and victim support services associated with revictimisation indicate the importance of identifying those at risk in order to provide additional support and prevent such outcomes at an early stage (Lowe et al., 2015; Outlaw, Ruback and Britt, 2002).

This brief review of the available literature suggests that there are a variety of potential factors influencing victim engagement with support services, and the identified low levels of uptake in victims of violent crime. It also suggests that many individuals who may be experiencing psychological trauma as a result of victimisation are not receiving sufficient emotional support (Lowe et al., 2015). There is clearly a need to develop and implement strategies to increase victim use of services in order to reduce the psychological, social and economic impacts of victimisation for the individual, communities and the criminal justice system. However, in order to achieve such an objective, it is important to recognise that different combinations of factors are likely to operate at the level of the individual. These reflect the specific nature of their victimisation experience, associated psychological impacts, the availability of existing social support networks, as well as local support services. This suggests that an assessment of the needs of individual victims which assesses these different factors should be undertaken at an early stage after victimisation to ensure that they receive support which is specifically matched to their individual requirements.

The existing literature examining barriers to engagement with victim services is relatively small and largely quantitative, and a detailed qualitative examination of decisions to engage with victim services has yet to be undertaken. There is also a lack of literature examining victim evaluations of their engagement with different organisations. As a result, the aim of this study was to examine these issues in a sample of recent victims of violent crime using semi-structured interviews. This specifically focused on an examination of provision of information and referral processes by the police, initial and follow up contact with support services, and perceived barriers to engagement. Victim evaluations of accessed services were also examined. The study was part of a wider review of the provision of services, referral processes and engagement for victims of violent crime in a specific Police Force in England and Wales. It aimed to identify specific strategies for increasing victim engagement, reducing revictimisation and assisting in recovery from the trauma associated with being a victim of violent crime. This objective is consistent with current local, national and European policy which specifies the need to address these issues and increase the support available to victims of violent crime (e.g., European Union Directive 2012/29/EU, 2012; Freeman, 2013; Ministry of Justice, 2015).

Method

Design and participants

This study used a qualitative methodology to obtain a deeper insight into individual experiences and evaluation of engagement with services after victimisation. This format provided victims with a voice in discussions about their experience of victimisation and engagement with the police and victim services (Fohring, 2015). This approach acknowledges their status as a key stakeholder group whose opinions are generally under-

represented in public and policy discourse about victimisation and service provision. Participants were recruited from a larger concurrent study into repeat victimisation in victims of violent crime (Lowe et al., 2015). Data were collected from the database of a UK Police Force, Victim Support (VS) and a local domestic violence service between April 2013 and September 2013 (n = 869 adult violent crime cases). 54 participants were recruited in the first phase of the study and of these, 17 participants were re-interviewed for the current study between September and November 2014. The sample consisted of a mix of participants from different backgrounds with current and/or historical victimisation. Participant characteristics are presented in Table 1.

TABLE 1 ABOUT HERE.

Procedure

The interviews were conducted by members of the research team, and all had previous experience of using this method of data collection and dealing with vulnerable individuals in face-to-face settings. The interviews were conducted in a variety of different locations (e.g., university campus, police station, Victim Support offices). All participants were provided with full ethical information about the study in order to provide informed consent to engage in the research process. The interviews were tape-recorded and lasted between one and three hours. Session tapes were transcribed and anonymised before analysis was undertaken.

Materials / Interview Schedule

The interview schedule was semi-structured in order to facilitate more open discussion of the research questions, and to enable other relevant issues to be raised by the participants. It covered research questions reflecting the aims of the study. Each research theme was characterised by a general question (e.g. “What barriers have there been to your engagement with services?”), and a number of subsequent probe questions to further facilitate discussion if necessary (e.g. “What motivated you to access support?”).

Data analysis

Thematic analysis (Braun and Clarke, 2006) was used to explore the data and identify themes associated with the objectives of the study. The primary data analysis and coding was undertaken by the researchers who conducted the interviews. Coding, theme specification and analysis was conducted by the whole research team. The analytic process followed the stages outlined and utilised by other researchers (e.g., Braun and Clarke, 2006; Bryce and Fraser, 2014). This commenced with the transcripts being read a number of times in order to achieve familiarisation with the data, and to develop a list of coding labels associated with each research question specified in the interview schedule. These were applied to the data during the next stage of analysis, and emergent themes were also identified and coded. The next stage involved a process of a-priori coding of each of the transcripts according to the research questions specified in the interview schedule. The process of familiarisation with the data also led to the identification of emergent themes which had not been previously specified, and these were subsequently assigned a-posteriori codes.

An iterative review process of the coding and themes was then undertaken by the researchers to ensure the accuracy and consistency of the analysis. Subsequent stages of analysis identified areas of convergence and divergence in participant perceptions and evaluations relating to the research questions within and between participants. Illustrative quotations to support the analysis and results were also identified during this process. The final phase of the analysis focused on examining the links between themes. Validation of coding and identification of themes was managed by members of the research team to ensure analytic consistency and identify interpretive differences in order to reduce the influence of subjective bias. Any identified instances of divergence were discussed by the research team and amended after agreement on the appropriate coding category.

Results & Discussion

The interview schedule addressed the aims described in the introduction which examined participant experiences of initial and follow-up contact with victim services. This section of the paper presents the thematic analysis of the data in relation to these research questions, and considers their implications for the involved services. The results of the study which relate directly to victim evaluations of their interactions with the police and criminal justice system more generally are presented in a separate paper (Bryce et al., in preparation).

Referrals

The majority of the participants had been provided with information about referral to victim services by the police when reporting their experiences, and were subsequently contacted by Victim Support:

The police, the two constables said 'You'll probably get a phone call in the next few days...' (Participant 55, victim of robbery)

I think they [police] passed it [contact details] on to Victim Support... (Participant 26, victim of public fear, alarm or distress)

I think my number just got passed on to them by the police... (Participant 32, harassment / DV)

These results are consistent with the referral processes for victims of violent crime described in the introduction, and indicate that contact was made by Victim Support as required by relevant policy and procedure (Lowe et al., 2015; Ministry of Justice, 2015; Victim Support, 2013). The only exceptions to this were for participants who required specialist domestic violence support, and those who had existing support for mental health, disability or substance dependency issues. These participants utilised their existing support provision when dealing with their experiences.

Lack of engagement

Despite these initial contacts, many of the participants did not subsequently engage with the services offered. These relatively low levels of engagement are consistent with previous research in a number of different countries (Mayhew & Reilly, 2008; McCart et al., 2010; Sims et al., 2005). It also reflects the results of the larger UK quantitative study undertaken as part of the same project as the current research which found that only 23.5% of victims of violent crime responded to initial contact from Victim Support (Lowe et al., 2015).

Lack of engagement was explained by participants in relation to a number of factors which are broadly consistent with those identified in previous research and examined in the introduction (Bricknell et al., 2014; Jaycox et al., 2004). Lack of provision and awareness did not appear to be a significant barrier to engagement for the participants in this study. The majority had been informed about Victim Support by the police when reporting, and subsequently received an initial contact from the organisation by phone or letter as per the guidelines established in the Code of Practice for Victims of Crime (Ministry of Justice, 2015). As discussed in the introduction, this suggests that service provision and awareness are not significant barriers to engagement in the UK, though this may be more important in countries where support services are not available to all crime victims by default (e.g., the USA; Zaykowski, 2014).

A number of other factors influencing decisions to engage were described by participants. For example, some participants reported feeling that they were able to cope with their experiences without help from external support services, or that these organisations would not be able to help them:

Yeah, it happened, there's nothing I can change about it and I'm fine with it...

(Participant 71, victim of harassment / DV)

I think I'd say I'm fairly mentally strong to carry on with life, let's say. Obviously I'm not happy with what's happened, but it's not going to affect my day to day life, let's say. So I don't really need to go to any other services, if that makes sense... (Participant 25, victim of public fear, alarm or distress)

You've just got to get on with it really you know... I thought well there's not really much they can do...it was the fact that somebody had come into my house and done it....which really Victim Support couldn't do much about.. You know...so....maybe if it had been, if it had been worse...maybe I would.

(Participant 54, victim of assault)

This suggests that some victims do not require help from support services as they perceive themselves to have adequate coping strategies (Sims et al., 2005), and / or do not perceive their experiences to be sufficiently serious to need to seek assistance (Bricknell et al., 2014; Freeman, 2013; Gavrilovic et al., 2005). There was no evidence in the data to suggest that these participants were accessing other sources of support (e.g., Citizens Advice Bureau, GP, counselling services).

Participants who did not engage with Victim Support after initial contact were still very positive about receiving an offer of emotional and practical support, and felt that this demonstrated concern by the criminal justice system for victims and their experiences. These participants also indicated that they would utilise Victim Support or related services in the future should the need arise:

If it was severe enough, yeah I would [go to Victim Support]. I wouldn't put them [family and carer] through it, do you know what I mean? But yeah. I would go to Victim Support, if I needed them... (Participant 23, victim of assault)

It was good that there was some joined up working, that somebody's told them [Victim Support] and somebody cares enough to ring me to find out, you know... (Participant 26, victim of public fear, alarm or distress)

Timing and nature of contact

Previous research suggests that the timing of contact with services is also associated with victim engagement (Bricknell et al., 2014). The analysis of the data suggested that the point at which they received initial contact from Victim Support was salient for several participants. The following quotation is illustrative of the immediate stress following victimisation, which indicates that this may not be an appropriate time for victims to effectively engage with services (Litz, 2008):

I suffer from depression anyway so that made it a lot worse and it was it took a long time to sort of...get brave enough even to go out and...you know sort of face it. I knew they [victim services] were there, but you sort of don't think about it at the time because you're in such a trauma that you're not...functioning really, you're not thinking about that sort of stuff... (Participant 54, victim of assault)

This participant described the experience of trauma symptoms identified as outcomes of victimisation (Stimmel et al., 2014; Walsh et al., 2012), as a barrier to engagement with

Victim Support, consistent with previous research (Alvidrez et al., 2008; Posick, 2014). This may be further influenced by the way in which individuals cope with their experiences and associated trauma symptomology. This participant evidenced use of avoidant coping strategies, and did not engage with Victim \support, consistent with previous research (Iverson et al., 2013; Walsh and Bruce, 2014).

Some participants also felt that the number of phone calls from different agencies they received in the initial period after their victimisation was overwhelming given the psychological distress they were experiencing at the time:

I felt like kind of my world had stopped and everyone else's was going on around me. Erm and I just seemed to get phone calls left right and centre from, from places and err I really did just struggle to kind of cope with it all... (Participant 32, victim of harassment / DV)

And it was like mounds of just calls, and calls, and calls, here there every-everybody and anyone calling and I'm like "don't even know who you are and you're calling me and asking if I'm okay"... (Participant 60, victim of assault / DV)

Other participants felt that initial contact could have been managed more effectively, and that further follow-up interaction would have been useful and increased engagement:

I feel like they possibly could have say, phoned a week later or then a fortnight later and just see if I still was....As I remember I got that one initial phone call a few days after the incident and then that was it...that was the last time I heard

from them... Cos I sort of said 'Yeah I'm fine' but I went like... I obviously wasn't fine sort of thing so... I was sort of, sort of covering a bit and obviously it was a day later as well so I wasn't I wasn't fine... they said like 'Ok then' and just sort of like that was the end of it sort of thing....I think they gave me a contact number but it was – it was sort of like it felt distant as such sort of thing... (Participant 55, victim of robbery)

This suggests the need to ensure that the timing of contacts is suitable for victims in the context of their experiences of distress and trauma after victimisation. The results indicate that contact directly after the incident may not necessarily be useful for some victims as they feel unable to respond due to the distress experienced after victimisation (Lowe et al., 2015). Follow up contact at approximately one month after initial communication for all victims may be a successful way to elicit further engagement. At this point, the acute stress phase of victimisation experiences is likely to have subsided, particularly for victims of domestic violence, and they may be more able to accurately evaluate their own support needs (Lowe et al., 2015).

The value of follow up contact by Victim Support does not negate the importance of initial contact to ensure that assistance is available for victims who require emotional or practical support in the period immediately after their experience. This is particularly important to assess the risk of revictimisation and the safeguarding of children where necessary (particularly in domestic violence cases). However, given the psychological distress which is likely to be experienced by victims at this point, it is important that follow up contact is provided at a later date. The results suggest that even if initial contact does not lead to

engagement, they may be more receptive to contact from Victim Support and other services after the initial post-victimisation period.

Social Support

Consistent with previous research (e.g., Bricknell et al., 2014), some participants did not engage with Victim Support after initial contact because they were able to draw upon their existing social support networks to cope with their victimisation experiences:

I had Victim Support come see me but I have quite a good support network of like friends and family and things... (Participant 32, victim of harassment / DV)

I felt it [service contact] was a positive, I just didn't need any kind of support, because people generally have support networks in their own friends and family don't they? (Participant 26, victim of public fear, alarm or distress)

They sent me letters and they phoned me up and asked me - Victim Support. But like I say I think I deal with things well myself, I talk about it to people - I never stop talking, so... I mean I've got a supportive family as well... (Participant 104, victim of assault)

As a result, these participants did not feel that they required additional emotional support. They felt that friends and family were able to assist them in managing distress and coping with their experiences, consistent with other research indicating the importance of social support (Evans et al., 2014).

Some participants who engaged with Victim Support and other services reported difficulties in accessing existing sources of social support as the result of prolonged period of domestic victimisation which had negatively impacted on relationships with family and friends.

Well initially I was isolated really from the friends and family because of what happened... its took a long time really to repair that... (Participant 32, victim of harassment / DV)

This highlights the potential influence of crime type on the availability of social support for victims, and the nature of victimisation may create barriers to receiving assistance from friends and family. It is also important to note that these networks may be unable to provide necessary support in relation to engagement with the legal process, highlighting the additional value of Victim Support and other specialist services in this respect.

The results also suggested that support organisations provided an important function in assisting victims who were unable to obtain emotional support in their everyday lives to cope with the negative psychological impacts of victimisation. This suggests that the aim of increasing service engagement may require a more specific focus on developing mechanisms focusing specifically on those who do not have adequate access to existing social support networks, rather than all victims of violent crime. This would require the development of mechanisms for identifying this group of victims, as well as targeted strategies for increasing engagement.

Engagement with services

Despite the low engagement with services in the sample, those participants who did engage with Victim Support and other support services described extremely positive experiences of the support provided:

They are good [Victim Support], they are good... They are there to help people...

(Participant 23, victim of assault)

You just talk to 'em [Victim Support] don't you? And they just go through things with you like, what'll happen in court... (Participant 38, victim of wounding)

At the time, oh it were a nightmare... Trying to deal with everything and... sometimes it's hard ain't it? So I went down Victim Support and everything and ur, yeah they were alright... (Participant 104, victim of assault)

[PDVS support worker] she would call me on, just a whim, "Are you ok?... We've not spoken a couple days, you ok?" And sometimes you just need that. Someone to tell me that it is alright... (Participant 60, victim of assault / DV)

The support provided was particularly important for some participants in assisting them during the legal process and court attendance:

After the incident the [local DV service] was very good as well [...] she picked me up and she took me to court and everything and she was there at the end of the phone. I just used to phone her and say 'I don't know what I'm doing...

(Participant 32, victim of harassment / DV)

Without her [DV support worker] I wouldn't have done it, I wouldn't have gone to court' [Later] 'I probably would've ran away and hid in a dark hole if she wasn't there...She was a good, really good support... (Participant 60, victim of assault / DV)

This is consistent with previous research indicating the importance of support for victims during engagement with the criminal justice system to ensure that they have a clear understanding of the legal process, as well as coping with the associated stress and anxiety (Bricknell et al., 2014; Laxminarayan, 2015). It also indicates that the assistance provided by Victim Support and other organisations plays an important role beyond the initial post-victimisation period. The quotes above demonstrate that this was particularly important for victims of domestic violence given the potentially ongoing nature of victimisation. Victims of a single incident of violent crime may not be at similar risk of revictimisation or have related safeguarding issues which require specialised and long term assistance from Victim Support and / or other organisations. This further indicates the influence of crime type on requirements for assistance and service engagement throughout the criminal justice process.

Trust

Although not directly discussed by participants, their evaluations of engagement with Victim Support and other services (particularly domestic violence organisations) evidenced implicit trust between participants and individual support workers, as well as the involved organisations more generally.

The [DV Support] Centre was just, I met them at a point in my life where anybody would have, I was just so low with everything that was going on, like a friendly face was just what I needed and I knew I was safe really to talk there...

(Participant 32, victim of harassment / DV)

This was reflected in the positive participant evaluations of the emotional and practical support provided, and suggests the importance of trust in facilitating supportive relationships in which practical and emotional assistance can be provided to victims (Bradford, 2011; Laxminayarn, 2015). This may be particularly relevant in domestic violence cases where offenders are in a relationship with the victim, and has implications for reporting and help seeking behaviour. This may be particularly salient when interacting with the police or support service workers who are unfamiliar to the victim.

Two days later some guy came and just done all these things in my house... but then I was like "I don't really want a guy in house"...and she was saying "honestly he's really nice, he'll be fine...if you want one of us to come with you"...and then when he came, he was the most loveliest guy I've ever met'

(Participant 60, victim of assault / DV)

The role of trust in facilitating engagement with support services requires further empirical examination research. It was not directly addressed in this study, though the results provide some indication of its implicit importance, consistent with previous research (Bradford, 2011; Laxminarayan, 2015). There was evidence that some participants had more problematic perceptions of trust in the police and the wider criminal justice system. Addressing this issue is beyond the scope of this paper, and will be explored further in a

separate publication which examines victim evaluations of their interactions with these agencies (Bryce et al., in preparation).

Conclusions

This study examined participant experiences of initial and follow-up contact with victim services in order to further explore factors associated with low levels of victim engagement. This is important as the available evidence suggests that a significant number of the victims of violent crime are not receiving sufficient assistance in coping with the trauma associated with their experiences and the associated psychological impacts (e.g., Lowe et al., 2015; Mayhew and Reilly, 2008; McCart et al., 2010).

The results of the analysis suggested that the majority of the participants had been referred by the police and contacted by Victim Support after reporting their experience as required by UK policy (Ministry of Justice, 2015). Despite this, many participants did not subsequently engage with the services offered, consistent with the relatively low levels of engagement identified in other research across different countries (Lowe et al., 2015; McCart et al., 2010; Sims et al., 2005). Lack of engagement was explained by participants in relation to a number of factors which are broadly consistent with those identified in previous research: perceived ability to cope alone, inability of services to provide assistance, and the availability of existing social support networks (Bricknell et al., 2014; Jaycox et al., 2004). It is important recognise that barriers to engagement associated with availability and awareness of victim support services may be more important in countries

in which provision and referral are not provided as standard (e.g., the USA). For the participants in this UK study sample, the previously mentioned barriers had greater influence.

The timing of contact from Victim Support and other agencies emerged as an important issue for some participants. This suggested the utility of a follow up contact approximately one month after initial communication as a potential way of increasing engagement as victims may be more able to accurately evaluate their own support needs at this point (Lowe et al., 2015). Although follow up contact would have economic and resourcing implications, the results of the study suggest that this is a potential mechanism for increasing victim engagement with Victim Support and other services.

As discussed in the introduction, there have been changes in funding structures and the devolution of responsibility for allocating resources to Police and Crime Commissioners in the UK (Ministry of Justice, 2013; Simmonds, 2013). As Victim Support may not necessarily be the primary service provider at the local level, it remains to be seen whether it would be possible to fund standard follow up with victims after initial contact post-victimisation. However, the potential benefits of this for increasing victim uptake of services could also further encourage trust and engagement with the wider criminal justice process (Laxminarayan, 2015).

The results also suggest that those participants who did engage with Victim Support or used other services were extremely positive about the emotional and practical support they received. This was also apparent for participants who had received assistance in relation to their interactions with the criminal justice system, consistent with previous research

indicating the importance of support services in assisting victims in this way (Bricknell et al., 2014).

Although not a specific aim of the study, it was possible to examine the extent to which engagement with services varied according to the type of victimisation experienced. The analysis provided some indication that longer term engagement with services was more likely to be evidenced for victims of domestic violence, and these participants experienced multi-agency involvement and support in dealing with their situation. The extremely positive participant evaluations of the support they received suggests that the police and support services are identifying instances of revictimisation and taking action to support victims. Individuals who were the victims of single incidents did not engage with services as frequently, and many reported that they did not feel support services could help them, or that they had access to sufficient social support in their everyday lives. This suggests that the type of victimisation experienced should also be considered as a factor influencing decisions to engage with support services, as well as the specific types of assistance which may be required in response.

It is also important to recognise that different combinations of the factors examined in this study are likely to influence victim service engagement at the individual level. This will reflect the specific nature of their victimisation experiences, associated psychological impacts, the availability of existing social support networks, as well as local support services. This suggests the utility of a formal needs assessment addressing these issues being undertaken either by the police or Victim Support (or other organisation with the initial responsibility of making contact with victims) at initial crime reporting or contact from Victim Support. This could address further risk of victimisation, potential

safeguarding issues, access to existing sources of social support, trauma symptomology and potential referral to specialised services.

This is consistent with recent research arguing that victimisation should be conceptualised as a complex process which includes relevant pre-cursor factors, the consequences of the experience, and involves a variety of actors beyond the victim and offender (Fohring, 2015). The police, support services and the criminal justice system more broadly are part of this process, and there are a number of points at which interventions by these different agencies can be implemented to assist victims in coping with their experiences and the associated longer term psychological impacts. A review of service provision, engagement and victim evaluations can also identify instances of best practice and areas in which specific strategies for service improvement can be designed and implemented. This can further contribute towards the stated policy aims of a victim-focused approach to policing and the criminal justice system, and the related aims of and reducing levels of revictimisation and the associated individual psychological and wider economic costs. In order to be consistent with this approach, the results of this study clearly indicate the importance of continued funding for Victim Support and other services at the national and local level in order to provide psychological and practical support for those who may not have access to social support and coping resources in their everyday lives. It also highlights the need to ensure that arrangements for funding services at the local level are transparent and effectively meet the needs of victims.

This study also highlights the ability of qualitative research to develop a deeper understanding of victim experience of engagement with victim services. Although the study had a relatively small sample size, and is not representative of victims in a statistical

sense, researchers have argued for the suitability of the use of smaller sample sizes in research of this kind (Fohring, 2015; Reid et al., 2005). This methodological approach does not aim to achieve representativeness in a similar way to quantitative research (Bryce and Fraser, 2014), and the study was not designed with the intention of making claims about the experiences of all victims of violent crime. Instead, it provided the opportunity to obtain rich data and give victims a voice in sharing their experiences of victimisation and engagement with support services (Fohring, 2015; Reid et al., 2005). The use of this methodological approach is consistent with victim-centred approaches to criminal justice as it provides them with a voice in evaluating service provision and other aspects of their post-victimisation experiences.

As a result, the knowledge generated by this study can directly inform evidence-based approaches to policing, service provision and policy making. It can also ensure that the systems implemented are supportive and responsive to the identified needs of the victims of violent crime. This includes the extent to which collaborative arrangements between police, Victim Support and other services are operating in accordance with the specific statutory requirements at the local, national and European level (e.g., UK Code of Practice for Victims of Crime, 2013; EU Directive 2012/29/EU on the Rights, Support and Protection of Victims of Crime, 2012). It also demonstrates the importance of victim-focused research in contributing towards improvements in victim and general public confidence in both statutory and voluntary service providers, and the ultimate aim of reducing the negative impacts of victimisation and future revictimisation for individuals, families and communities.

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Table 1. Participant Characteristics and Current Victimisation Experiences.

Gender	Age	Index Victimisation
Female	50	Assault with Injury
Male	27	Assault with Injury
Male	34	Public fear, alarm or distress
Male	47	Public fear, alarm or distress
Female	34	Harassment (DV)
Male	43	Wounding
Female	35	Assault without Injury (DV)
Female	54	Assault with Injury
Male	20	Robbery of personal property
Male	55	Assault with Injury
Female	32	Assault without Injury (DV)
Female	41	Domestic violence
Male	67	Assault with Injury
Male	19	Harassment (DV)
Female	36	Assault without Injury
Male	24	Assault without Injury (DV)
Female	40	Assault with Injury

